

SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
RECEIVED  
SEP 20 2016  
Bayfield Co. Zoning Dept.

Permit #: 17-0821  
Date: 10-27-17  
Amount Paid: \$3009.21-16  
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		Mailing Address:				City/State/Zip:		Telephone:
Richard H & Kathryn A Dehnert		215 Macleod Rd				Washburn, WI 54891		628-85-2084
Address of Property:		City/State/Zip:				Cell Phone:		
3305 Baylake Rd		Barnes WI 54803						
Contractor:		Contractor Phone:				Plumber:		Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:				Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits)		Recorded Document: (i.e. Property Ownership)		
1/4, 1/4		Gov't Lot 7		Lot(s) CSM		Vol & Page		Subdivision:
Section 04, Township 44 N, Range 09 W		Town of: Barnes		Distance Structure is from Shoreline: _____ feet		Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →		Distance Structure is from Shoreline: _____ feet		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Non-Shoreland								

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ 5,000	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> Sewer Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet	<input type="checkbox"/> City <input type="checkbox"/> Well
<input checked="" type="checkbox"/> Best Horse			Storage			

Existing Structure: (if permit being applied for is relevant to it)	Length: 18	Width: 12	Height: 12
Proposed Construction:			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	( ) X ( )	
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( ) X ( )	
<input type="checkbox"/>	with Loft	( ) X ( )	
<input type="checkbox"/>	with a Porch	( ) X ( )	
<input type="checkbox"/>	with (2 <sup>nd</sup> ) Porch	( ) X ( )	
<input type="checkbox"/>	with a Deck	( ) X ( )	
<input type="checkbox"/>	with (2 <sup>nd</sup> ) Deck	( ) X ( )	
<input type="checkbox"/>	with Attached Garage	( ) X ( )	
<input type="checkbox"/>	Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities	( ) X ( )	
<input type="checkbox"/>	Mobile Home (manufactured date)	( ) X ( )	
<input type="checkbox"/>	Addition/Alteration (specify)	( ) X ( )	
<input checked="" type="checkbox"/>	Accessory Building (specify) Best Horse	( 18 X 12 )	216
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	( ) X ( )	
<input type="checkbox"/>	Special Use: (explain)	( ) X ( )	
<input type="checkbox"/>	Conditional Use: (explain)	( ) X ( )	
<input type="checkbox"/>	Other: (explain)	( ) X ( )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Kathryn A Dehnert  
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_  
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 215 Macleod Ave, Washburn, WI 54891  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

in the box below. Draw or sketch your property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

SEE Attached

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	753 Feet	Setback from the Lake (ordinary high-water mark)	10 Feet
Setback from the Established Right-of-Way	720 Feet	Setback from the River Stream Creek	Feet
Setback from the North Lot Line	725 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	18 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	80 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	150 Feet	Elevation of Floodplain	3' Lower than Project Feet
Setback to Septic Tank or Holding Tank	80 Feet	Setback to Well	7100 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:		# of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:					
Permit #: <u>17-03891</u>		Permit Date: <u>6-27-17</u>					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes		Mitigation Required Mitigation Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #: <u>N/A</u>		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #: <u>N/A</u>	
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: Site inspection confirms Area requested is out of Area represented as floodplain on firm maps. OK to issue no amendment appears Code Compliant		Inspected by: <u>Robert Schumann</u>		Zoning District Classification ( )		<u>R12, 13</u>	
Date of Inspection: <u>6/21/2017</u>		Inspected by:		Date of Re-Inspection:			
Condition(s) Town Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - If No they need to be attached.		Condition(s) <u>See Per Bathroom Language in Section 13-1-22</u>		Date of Approval: <u>6/22/17</u>			
Signature of Inspector: <u>[Signature]</u>		Date of Approval: <u>6/22/17</u>					
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	



In the



Port House

Port 1

Floodplain

Town, City, Village, State or Federal  
Permits May Also Be Required

LAND USE – X  
SANITARY –  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0221** Issued To: **Richard & Kathryn Cochrane**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **4** Township **44** N. Range **9** W. Town of **Barnes**

**E 238' of W 388' of**

Gov't Lot **7** Lot Block Subdivision CSM#

For: **Residential Accessory Structure: [ 1- Story; Boathouse (18' x 12') = 216 sq. ft. ]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Per boathouse language in Section 13-1-22 Bayfield County Zoning Ordinance.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

**Rob Schierman**

Authorized Issuing Official

**June 27, 2017**

Date

SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAWFELD COUNTY, WISCONSIN  
RECEIVED  
MAY 31 2017  
Bayfield Co. Zoning Dept

Permit #: 17-0236  
Date: 6-27-17  
Amount Paid: 175 6-2-17  
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: Brian + Dana Hedouanne	Mailing Address: 3980 Lake Rd Barnes WI 54873	Telephone: 715 795-2295
Address of Property: 53200 State Hwy 27		City/State/Zip: Barnes WI 54873
Contractor:	Contractor Phone: Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Craig Manthey	Agent Phone: 715 739-6645	Agent Mailing Address (include City/State/Zip): 54873 Barnes WI 54873
PROJECT LOCATION: Sec 1/4, SW 1/4	Legal Description: (Use Tax Statement) P1N: (23 digits) 04-004-2-45-04-30-3 03-000-0500	Recorded Document: (i.e. Property Ownership) Volume 895 Page(s) 818
Section 30, Township 45 N, Range 09 W	Town of: Barnes	Subdivision: 13514 1m 200412-492673

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? If Yes--Continue →	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--Continue →	Distance Structure is from Shoreline: feet		

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$80,000	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (exists) Specify Type: SI <input type="checkbox"/> Privy (Pit) or Vented (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it)	Length: 50	Width: 20	Height: 15
Proposed Construction:	Length:	Width:	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Principal Structure (first structure on property)		( X )	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		( X )	
<input type="checkbox"/> with Loft		( X )	
<input type="checkbox"/> with a Porch		( X )	
<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch		( X )	
<input type="checkbox"/> with a Deck		( X )	
<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck		( X )	
<input type="checkbox"/> with Attached Garage		( X )	
<input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities		( X )	
<input type="checkbox"/> Mobile Home (manufactured date)		( X )	
<input type="checkbox"/> Addition/Alteration (specify)		( X )	
<input type="checkbox"/> Accessory Building (specify)		( X )	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		( X )	
<input checked="" type="checkbox"/> Special Use: (explain) Class A Short-term Rental		( 50 X 30 )	1500
<input type="checkbox"/> Conditional Use: (explain)		( X )	
<input type="checkbox"/> Other: (explain)		( X )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_\_\_\_\_ Date \_\_\_\_\_  
(If there are Multiple Owners listed on the deed All Owners must sign or letter of authorization must accompany this application)  
Authorized Agent: Craig Manthey \_\_\_\_\_ Date 5/24/17  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit \_\_\_\_\_ Attach \_\_\_\_\_  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed



Box below: Draw or Sketch Your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	100 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	45 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	15 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	65 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	180 Feet	20% Slope Area on Property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	180 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	40 Feet	Setback to Well	20 Feet
Setback to Drain Field	50 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

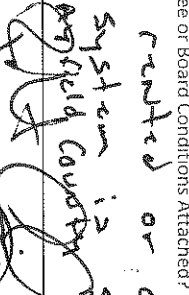
Prior to this placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 220953	# of bedrooms: 2	Sanitary Date: 7/5/1994	
Permit Denied (Date):	Reason for Denial:				
Permit #: 17-0836	Permit Date: 6-29-17				
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lots) <input checked="" type="checkbox"/> Yes <u>Setback Setbacks</u> <input type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: NA	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: NA		
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>Existing</u>	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record: Existing Structure w/2 Bedroom POUITS	Zoning District: (R2) Lakes Classification: ( - )				
Date of Inspection: 6/9/2017	Inspected by: Robert Selinman	Date of Re-Inspection:			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.) Not to be rented or occupied by more than 4 (four) people total. as septic system is sized for 2 bedrooms / 4 people total. Must call Bergfeld County Health department Authorization.					
Signature of Inspector: 		Date of Approval: 6/9/2017			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input checked="" type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>	



0 30 60ft

City, Village, State or Federal  
Permits May Also Be Required

LAND USE – X  
SANITARY – 220953  
SIGN –  
SPECIAL – Class A  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

## PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. 17-0236

Issued To: Brian & Dana Hodowanic

*Craig Manthey, Agent*

Part in

Location: SW ¼ of SW ¼ Section 30 Township 45 N. Range 9 W. Town of Barnes

Gov't Lot

Lot

Block

Subdivision

CSM#

For: Residential Other: [ 1- Story; Short-term Rental ]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Not to be rented or occupied by more than 4 (four) people at a time as septic system is sized for 2 bedroom / four people total. Must get Bayfield County Health Department Authorization.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

**Rob Schierman**

Authorized Issuing Official

**June 27, 2017**

Date



SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
DATE RECEIVED  
MAY 15 2017  
Bayfield Co. Zoning Dept

ENTERED  
Permit #: 17-02839  
Date: 6-27-17  
Amount Paid: 175 627-17  
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Sherry Savagian</u>	Mailing Address: <u>SAME</u>	City/State/Zip: <u>Barnev, WI 54873</u>	Telephone: _____
Address of Property: <u>50690 Remondale Rd.</u>	City/State/Zip: <u>Barnev, WI 54873</u>	Cell Phone: <u>410-428-5636</u>	
Contractor: <u>Rock Bundle</u>	Contractor Phone: <u>715-685-4475</u>	Plumber: _____	Plumber Phone: _____
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: _____	Agent Mailing Address (Include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: _____	Legal Description: (Use Tax Statement)	Tax ID# (4-5 digits)	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: _____ R-_____
_____ 1/4, _____ 1/4	Gov't Lot <u>3</u>	Lot(s) _____	Block(s) No. <u>1</u>
Section _____, Township _____ N, Range _____ W	Vol & Page <u>1058 828</u>	Lot(s) No. _____	Subdivision: <u>Eastview Lakes Park</u>
<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If yes--continue <input checked="" type="checkbox"/> Distance Structure is from Shoreline: _____ feet	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <input type="checkbox"/> If yes--continue <input checked="" type="checkbox"/> Distance Structure is from Shoreline: <u>90</u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Value at Time of Completion * include donated time & material <u>\$400.00</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: _____	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: <u>ST</u>	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: _____	<input type="checkbox"/> _____
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: _____	<input type="checkbox"/> _____
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Privy (pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input checked="" type="checkbox"/> Good	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: _____	Width: _____	Height: _____

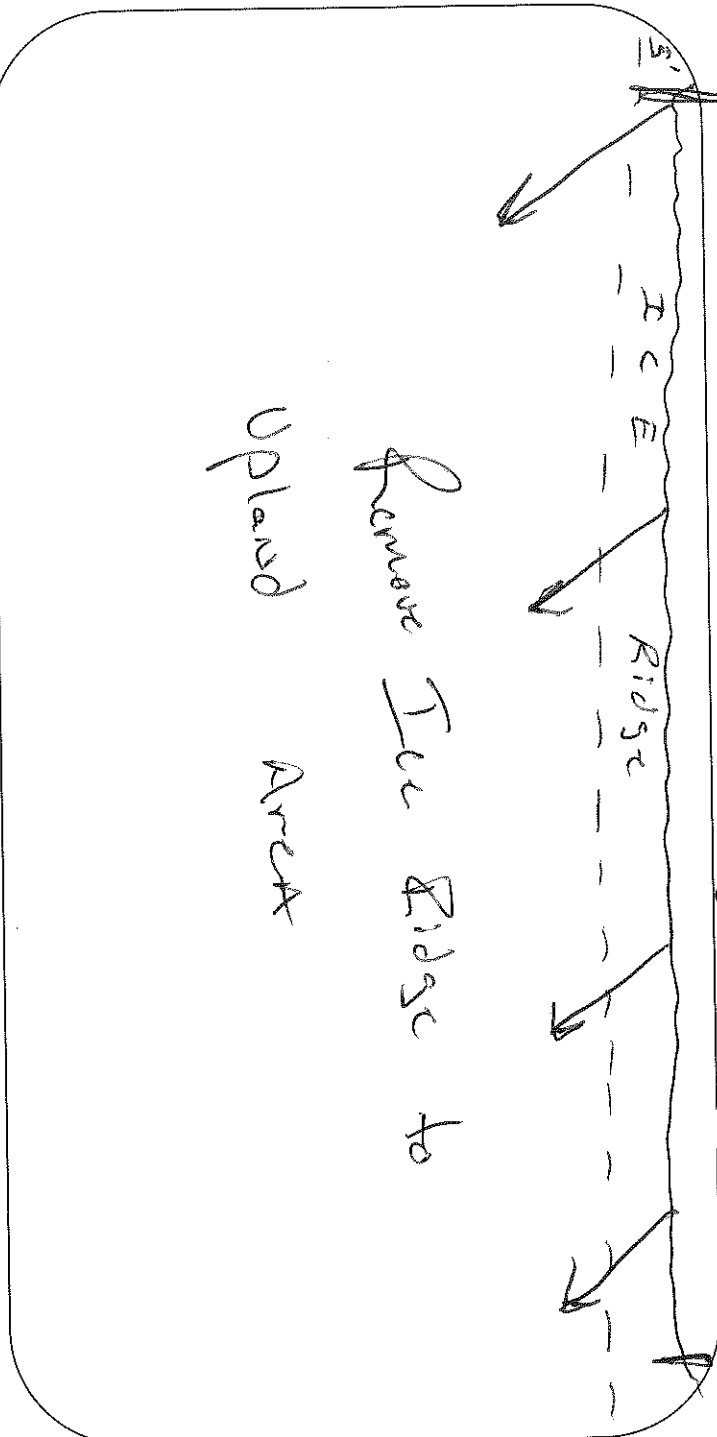
Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	with Loft	( X )	
<input checked="" type="checkbox"/> Residential Use	with a Porch	( X )		
<input type="checkbox"/> Commercial Use	with (2 <sup>nd</sup> ) Deck	( X )		
<input type="checkbox"/> Municipal Use	with (2 <sup>nd</sup> ) Deck	( X )		
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	with Attached Garage	( X )		
<input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)		( X )		
<input type="checkbox"/> Mobile Home (manufactured date) _____		( X )		
<input type="checkbox"/> Addition/Alteration (specify) _____		( X )		
<input type="checkbox"/> Accessory Building (specify) _____		( X )		
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____		( X )		
Rec'd for Issuance				
MAY 23 2017				
<input type="checkbox"/> Special Use: (explain) _____		( X )		
<input type="checkbox"/> Conditional Use: (explain) _____		( X )		
<input checked="" type="checkbox"/> Other: (explain) <u>sherry savagian (class A)</u>		( 100' x 5' )		

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Sherry Savagian Date 5-15-17  
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit \_\_\_\_\_  
Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	250 Feet	Setback from the Lake (ordinary high-water mark)	0 Feet
Setback from the Established Right-of-Way	222 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	0 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	130 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	130 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	142 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	85 Feet	Setback to Well	100 Feet
Setback to Drain Field	85 Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:			
Permit Denied (Date):		Reason for Denial:					
Permit #: 17-0039		Permit Date: 10-07-17					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	N/A	
Granted by Variance (B.O.A.)	Case #:	N/A	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Inspection Record:	Ice house or ridge along lake front to be removed and placed on upland area.					Zoning District (R1)	
Date of Inspection:	5/22/2017	Inspected by:	Robert Schlerman	Date of Re-Inspection:			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached)							
Must Use Best Management Practices and Erosion Control Measures to Stabilize Exposed Soils and Ensure No Sedimentation of water body.							
Signature of Inspector:						Date of Approval:	5/22/2017
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input checked="" type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>				

City, Village, State or Federal  
Permits May Also Be Required

LAND USE – X  
SANITARY –  
SIGN –  
SPECIAL – Class A  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0239** Issued To: **Harry Sarazin**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **9** Township **44** N. Range **9** W. Town of **Barnes**

Gov't Lot                      Lot **5**                      Block **3**                      Subdivision **Eau Claire Lake Park CSM#**

For: **Residential Other: [ Shoreland Grading (100' x 5') = 500 sq. ft. ]**

(Disclaimer): Any future expansions or development would require additional permitting.

**Condition(s): Must use best management practices and employ erosion control measures to stabilize exposed soils and ensure no siltation or sedimentation of water body.**

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found  
to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not  
completed or if any prohibitory conditions are violated.

**Rob Schierman**

Authorized Issuing Official

**June 27, 2017**

Date



SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Rec'd  
JUN 12 2017  
ENTERED

Permit #:	17-0840
Date:	6-27-17
Amount Paid:	1685 6-27-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT BY Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <b>ROBERT J. + JENNIFER A. ST. ARNOLD</b>	Mailing Address: <b>47550 CRANBERRY LAKE RD. GORDON, WI 54838</b>	City/State/Zip: <b>W1 GORDON, WI 54838</b>	Telephone: <b>218-348-0119</b>
Address of Property: <b>47550 CRANBERRY LAKE ROAD</b>	City/State/Zip: <b>GORDON, WI 54838</b>		
Contractor: <b>LAKE COUNTRY BUILDERS, LTD.</b>	Contractor Phone: <b>952-474-7121</b>	Plumber: <b>ANDREY RASMUSSEN + SONS HVAC</b>	Plumber Phone: <b>715-798-3355</b>
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <b>JOHN MEIN</b>	Agent Phone: <b>952-474-7121</b>	Agent Mailing Address (Include City/State/Zip): <b>339-2ND ST. EXETER, MN 55331</b>	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION <b>1/4, 1/4</b>	Legal Description: (Use Tax Statement) <b>3</b>	Tax ID# (4-5 digits) <b>2380</b>	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: _____ R-_____
Section <b>30</b> , Township <b>T44N</b> N, Range <b>R9W</b> W	Town of: <b>EARLES</b>		

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →	Distance Structure Is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of lake, Pond or Flowage If yes—continue →	Distance Structure Is from Shoreline: <b>+/- 50</b> feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material <b>\$ 375,000</b>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water							
							<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: _____	<input type="checkbox"/> City
							<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: <b>ROUND</b>	<input checked="" type="checkbox"/> Well
							<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: <b>ROUND</b>	<input type="checkbox"/>
							<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> No Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>							

Existing Structure: (If permit being applied for is relevant to it)	Length: <b>40</b>	Width: <b>24</b>	Height: <b>13</b>
Proposed Construction:	Length: <b>34</b>	Width: <b>24</b>	Height: <b>26</b>

Proposed Use	<input checked="" type="checkbox"/> Residential Use	Proposed Structure	Dimensions	Square Footage
	<input type="checkbox"/> Principal Structure (first structure on property)		( <input type="checkbox"/> X )	
	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		( <input type="checkbox"/> X )	
	<input type="checkbox"/> with Loft		( <input type="checkbox"/> X )	
	<input type="checkbox"/> with a Porch		( <input type="checkbox"/> X )	
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck		( <input type="checkbox"/> X )	
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck		( <input type="checkbox"/> X )	
	<input type="checkbox"/> with Attached Garage		( <input type="checkbox"/> X )	
	<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		( <input type="checkbox"/> X )	
	<input type="checkbox"/> Mobile Home (manufactured date)		( <input type="checkbox"/> X )	
	<input checked="" type="checkbox"/> Addition/Alteration (specify) <b>SEE ATTACHED</b>		( <input type="checkbox"/> 34 X 24 )	<b>816</b>
	<input type="checkbox"/> Accessory Building (specify) _____		( <input type="checkbox"/> X )	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____		( <input type="checkbox"/> X )	
	<input type="checkbox"/> Special Use: (explain) _____		( <input type="checkbox"/> X )	
	<input type="checkbox"/> Conditional Use: (explain) _____		( <input type="checkbox"/> X )	
	<input type="checkbox"/> Other: (explain) _____		( <input type="checkbox"/> X )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_\_\_\_\_ Date \_\_\_\_\_  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: John Mein Date \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit 339 2nd Street, Exeter, MN 55331 Attach  
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: **North (N) on Plot Plan**  
(3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**  
(4) Show: **All Existing Structures on your Property**  
(5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**  
(6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**  
(7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**

SEE ATTACHED  
SURVEY

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of <del>Platted</del> <b>Base</b> Road	<b>NA 66</b> Feet	Setback from the Lake (ordinary high-water mark)	<b>50</b> Feet
Setback from the Established Right-of-Way	<b>NA 53</b> Feet	Setback from the River, Stream, Creek	<b>—</b> Feet
Setback from the North Lot Line	<b>4'-65"</b> Feet	Setback from the Bank or Bluff	<b>—</b> Feet
Setback from the South Lot Line	<b>4'-140</b> Feet	Setback from Wetland	<b>—</b> Feet
Setback from the West Lot Line	<b>4'-24</b> Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	<b>4'-12</b> Feet	Elevation of Floodplain	<b>1123.5</b> Feet
Setback to Septic Tank or Holding Tank <b>WELL</b>	<b>35</b> Feet	Setback to Well	<b>5</b> Feet
Setback to Drain Field	<b>—</b> Feet		
Setback to Privy (Portable, Composting)	<b>—</b> Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <b>7161</b>	# of bedrooms: <b>2</b>	Sanitary Date: <b>6-21-1977</b>
Permit Denied (Date):		Reason for Denial:		
Permit #: <b>17-084D</b>	Permit Date: <b>6-27-17</b>			
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(Need of Record)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous lots)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Shoreland</b>		
Granted by Variance (B.O.A.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #: <b>17-03 B</b>	Previously Granted by Variance (B.O.A.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Existing</b>	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: <b>Existing Structure Adding 2nd Story as Allowed by 2015 WI Act 55.</b>		Zoning District: <b>(R1)</b>		
Date of Inspection: <b>6/15/17</b>		Inspected by: <b>Robert Schirman</b>		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)				
<b>No Expansions of Footprint. Must Contact local Uniform Dwelling Code- (UDC) inspection agency and Secure UDC Permit if proposed project falls within Scope of Contract with the Town of Barnes.</b>				
Signature of Inspector: <b>[Signature]</b>		Date of Approval: <b>6/19/2017</b>		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input checked="" type="checkbox"/>	Hold For Fees: <input checked="" type="checkbox"/>	

**100.00 Improvements**  
**125.00 LU**

#4771

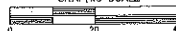
LOCATED IN GOV'T. LOT 3, SECTION 30, T44N, R9W,  
TOWN OF BARNES, BAYFIELD COUNTY, WISCONSIN.

JUN 12 2017

Bayfield Co. Zoning Dept.



GRAPHIC SCALE



ELEVATIONS ARE REFERENCED TO  
BENCHMARK 680-1 @ 1135.63 MS

REGIONAL FLOOD ELEVATION FOR  
LOWER EAU CLAIRE LAKE @ 1123.50 MSL

BEARINGS ARE REFERENCED TO  
THE EAST LINE OF THE SW 1/4  
SECTION 30, T44N, R9W  
ASSUMED TO BEAR  
N00°42'18"W

LEGEND

 $\sigma_{\text{D}} = \text{POWER POLE}$ 

(S) = SEPTIC TANK /VENT

 = **McGraw-Hill**

ALL IRON PIPE MONUMENTS ARE O.D.  
AS INDICATED

SURVEYORS CERTIFICATE:

SURVEYOR'S CERTIFICATE:  
I, JEFF W. MULOCK, WISCONSIN REGISTERED LAND SURVEYOR, HEREBY  
CERTIFY THAT I HAVE SURVEYED AND MAPPED THIS PLAT OF SURVEY  
LOCATED GOV'T. LOT 3 OF SECTION 30, T44N, R9W,  
TOWN OF BARNES, BAYFIELD COUNTY, WISCONSIN.  
MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE S 1/4 CORNER;  
THENCE N00°42'18"W 2683.20' TO AN IRON BAR AT THE MONUMENTED  
SE CORNER OF CORP LOT 1;

SE CORNER OF GOV'T. LOT 3;  
THENCE N72°04'53"W 876.60' TO AN IRON PIPE AT THE POINT OF  
BEGINNING AND A MEANDER CORNER 50'± FROM THE SHORE OF

THENCE N84°28'13"W 99.19' ALONG A MEANDER LINE TO AN IRON PIPE

AT A MEANDER CORNER 48'± FROM THE SHORE OF CRANBERRY LAKE;  
THENCE N03°23'11"W 198.34' TO AN IRON PIPE AT A MEANDER  
THENCE S03°23'11"E 198.34' TO THE SHORE OF LOWER FALLS LAKE;

CORNER 18'± FROM THE SHORE OF LOWER EAU CLAIRE LAKE;  
THENCE N78°38'45"E ALONG A MEANDER LINE TO AN IRON PIPE AT A  
MEANDER CORNER 5'± FROM THE SHORE OF LOWER EAU CLAIRE LAKE;

MEANDER CORNER 5± FROM THE SHORE OF LOWER EAU CLAIRE LAKE,  
THENCE S02°49'45"E 223.07' TO THE POINT OF BEGINNING.  
THE ABOVE DESCRIBED PARCEL CONTAINS 0.61 ACRES OF LAND MORE

OR LESS TO THE SHORE OF LOWER EAU CLAIRE LAKE AND THE SHORE OF CRANBERRY LAKE AND IS SUBJECT TO ALL EASEMENTS AND RESERVATIONS OF RECORD.

THIS SURVEY WAS MADE IN COMPLIANCE WITH AE-7 OF THE WISCONSIN

ADMINISTRATIVE CODE AND THAT I HAVE SURVEYED AND MAPPED THE  
LAND HEREIN DESCRIBED, AND THE MAP IS A CORRECT  
REPRESENTATION OF THE SURVEY MADE TO THE BEST OF MY

REPRESENTATION OF THE SURVEY MADE TO THE BEST OF MY  
KNOWLEDGE AND BELIEF. THIS SURVEY WAS MADE UNDER THE  
DIRECTION OF BOB & JENNIFER ST. ARNOLD.

John Hunter 11/05/08

JEFF/W. MULOCK, WISCONSIN LAND SURVEYOR #2319      DATE:



APEX SURVEYING  
15621 RAILROAD ST. #202  
HAYWARD WI 54843  
715-634-3435

CLIENT  
BOB & JENNIFER  
ST. ARNOLD

SHEET 1 OF 1  
11/05/08  
8062STA

FND. 1-3/4" IRON PIPE  
DIPPED OVER & MONUMENTED  
SE. COR. G.L.S  
SET 5/8"x12" SQ. IRON BWH  
N.W. 1-338/L.F.

NOO 42 18 W 2663.20  
MONUMENTED EAST LINE  
SW 1/4 SEC. 30, T44N, R9W

FND. 3-1/2" IRON PIPE  
@ MONUMENTED  
51/4 COR.  
SEC. 30' T44N. R/W  
SET 1-3/4" 50' I.P.  
WIDE 3-1/2" I.P.



City, Village, State or Federal  
Permits May Also Be Required

LAND USE – X  
SANITARY – 7161 (Flows & Loads filed 6/16/17)  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA – Vacation of Variance Document 2010R-536067

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0240** Issued To: **Robert & Jennifer St Arnold / John Melin, Agent**

Location: - ¼ of - ¼ Section **30** Township **44** N. Range **9** W. Town of **Barnes**

**E 100' of W 500' of**

Gov't Lot **3** Lot Block Subdivision CSM#

For: **Residential Addition: [ 2- Story; Addition (34' x 24') = 816sq. ft. ]**  
(Disclaimer): Any future expansions or development would require additional permitting.

**Condition(s): No expansion of footprint. Must contact local UDC inspection agency and secure UDC permit if proposed project falls within scope of contract with the Town of Barnes.**

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

**Rob Schierman**

Authorized Issuing Official

**June 27, 2017**

Date